

**GUATEMALA
UNDERFUNDED EMERGENCIES
ROUND I
DROUGHT
2020**

20-UF-GTM-40784

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.

Feb. 24, 2021

The AAR exercise was carried out in Huehuetenango. Staff from implementing agencies, technical staff from CERF teams, as well as staff from counterparts and stakeholders participated. OCHA CERF focal point facilitated the one-day exercise. Methodology included individual surveys and focal groups. Both agency's and counterpart/stakeholders staff discussed about critical issues like beneficiary's selection, coordination mechanism's, timelines, and goals achievement. A plenary, for crossing information and reach agreements, closed this exercise.

This exercise took place one day after the RC, agency's representatives, and local authorities closed the CERF intervention in Huehuetenango and results and achievements were presented.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION.

Statement by the Resident/Humanitarian Coordinator:

The high levels of food insecurity and acute mal-nutrition of Huehuetenango, affected by 2019 drought, and struck by COVID-19 pandemic in 2020, have made CERF interventions indispensable. With CERF support the UN agencies adopted an integral approach to address the humanitarian needs of children with acute mal nutrition, women in need of protection from GBV and of reproductive health services, producers that needed to recover their livelihoods and communities in need of health and water and sanitation services. This response was consolidated as a model to address humanitarian needs from a multi-sectoral and integrated perspective, to address food insecurity and infant mal nutrition; as a result of this successful experience, the Government adopted it to combat mal nutrition at national level, launching the "Nutrition Brigades". The strategy implemented with these CERF interventions was essential in achieving humanitarian objectives with women empowerment and community engagement as basis for long term development interventions. Through these interventions vulnerable people were reached, changing the lives of communities through SDG interconnections between health, WASH, GBV and women's empowerment, food security and nutrition, community empowerment. Fostering collaboration among the UN, Government, humanitarian and development partners, CERF has proven instrumental to the triple nexus in Guatemala

CERF's Added Value:

According to WFP's Emergency Food Security Assessment from 2019, Huehuetenango was one of the territories in Guatemala with highest levels of food insecurity. Databases from the Ministry of Health and humanitarian partners also indicated high levels of acute malnutrition in children under 5. The 2019 Humanitarian Needs Overview also remarked lack of health coverage and critical numbers of abused women, especially pregnancies in adolescents, in western Guatemala, including Huehuetenango. There was no doubt that humanitarian needs in Huehuetenango were priorities for the humanitarian community. CERF funds allowed to make visible the humanitarian situation and to coordinate closely with NGOs working in that area with other funding (e.g. funding from USAID and UE ECHO). Extra money from the European Commission and the Swiss Cooperation flowed into the pool to cover more municipalities and increased beneficiaries. The already existing Group of Food Security in Huehuetenango, composed by government organizations, was very active and working together with humanitarian partners to leverage the operation. Life-saving aid was timely delivered to vulnerable groups as you may check on this report.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

The 2019 HNO revealed that around 1.2 million people along isolated areas in Guatemala do not have proper health coverage and services. Special attention was paid to women and girls since around 68K girls and adolescents were identified to suffer sexual abuse and pregnancies. Critical indicators related to reproductive health were also identified, mainly very high maternity and child death rates. CERF funding allowed to formulate a joint intervention between UNFPA and UN Women. This intervention allowed specialized brigades to go to the field and work with local authorities and leaders to identify women at risk, child and youth mothers, victims of GBV and sexual abuse, and pregnant child and youth. Government institutions dealing with women protection were closely involved and worked together to support all these women and girls. Successful outcomes were achieved including the organization of a local protection network composed of around 500 women, empowerment of women through leadership and decision making, provision of medical equipment and supplies to midwives, physical improvements in areas used by women (protection), provision of emergency medical attention to women, girls, and neonates, among others. No key challenges but appreciation for this funding. Solid evidences indicated that empowered and protected women enabled reduction of malnutrition in children.

Table 1: Allocation Overview (US\$).

Total amount required for the humanitarian response	40,000,000
CERF	4,993,677
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	3,137,418
Total funding received for the humanitarian response (by source above)	8,131,095

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	20-UF-FAO-012	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	600,000
UN Women	20-UF-WOM-002	Protection - Protection	150,078
UNFPA	20-UF-FPA-014	Health - Health	199,997
UNICEF	20-UF-CEF-018	Nutrition - Nutrition	996,545
UNICEF	20-UF-CEF-019	Water Sanitation Hygiene - Water, Sanitation and Hygiene	250,000
WFP	20-UF-WFP-016	Food Security - Food Assistance	1,998,787
WHO	20-UF-WHO-013	Health - Health	798,270
Total			4,993,677

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

GUIDANCE (delete when completed): The information is to be prepared by the CERF focal point based on agencies' inputs.

Total funds implemented directly by UN agencies including procurement of relief goods	3,606,294
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¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	313,107
Funds sub-granted to national NGO partners*	1,074,277
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,387,384
Total	4,993,677

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The northern Central America dry corridor, including Guatemala, El Salvador, and Honduras, has been strongly impacted by droughts and extended dry spells since 2015, due to the strong influence of the El Niño phenomena. This has resulted in loss of vital harvests (mainly maize and beans) and death of livestock and domestic animals among poor and vulnerable farmers. The Emergency Food Security Assessment (EFSA) carried out by the WFP in November 2019 estimated that around 2.3 million people, including 450,000 children under 5, suffer from moderate and severe food insecurity, mostly in 13 out of the 22 states. The prevalence of chronic malnutrition in children under 5 at national scale is 49 per cent. In rural areas, malnutrition rates increase to 60 per cent. Chronic malnutrition is also reported in a high percentage of pregnant and lactating women. The national rate of maternal mortality in Guatemala is 108 deaths per every 100,000 inhabitants. This figure, in the target state of Huehuetenango, climbs up to 201, one of the highest in the Latin America region. The rate of neonatal mortality is 18 deaths per every 1,000 live births and the rate of mortality in children under 5 is 35 deaths per every 1,000. Only around 61 per cent of the national population have access to safe water. This figure decreases dramatically in rural and poor areas. Open ground defecation it is still reported among 8 per cent of the rural population.

Along the intervention, territories in Huehuetenango were strongly affected by COVID-19 impacts, mainly all those related to curfews and mobility restrictions; therefore, food insecurity needs and lack of access to health services increased substantially. In addition, northern Huehuetenango was strongly impacted by hurricanes Eta and Iota increasing humanitarian needs related to food assistance, WASH, health, housing, and shelters. Around 320 incidents related to Eta/Iota were included into national databases, including estimations for around 80K affected people, 40K with affectations in livelihoods, mainly agriculture, around 6K evacuees, and around 1,400 houses with moderate to severe damage. These humanitarian needs are intended to be supported by USAID funding recently announced.

Operational Use of the CERF Allocation and Results:

The CERF strategy will complement previous 2019 interventions. WFP is mobilizing extra resources to increase cash transfers in Huehuetenango and other critical areas. UNICEF is supporting the Ministry of Health to incorporate this way of working into its own planning and budgets. A donors meeting will be called in the coming months to raise additional resources for the humanitarian emergency.

CERF funding allowed to implement an integral model in which beneficiaries were supported as a family concept: some families were identified as food-insecure and/or having cases of acute malnutrition in children under 5; some families also had women and girls at risk and/or needing support for GBV or sexual abuse or related to reproductive health; some families belong to communities prioritized on having critical needs on WASH issues. Clearly, primary humanitarian needs were closely related to food insecurity and acute malnutrition. Therefore, food assistance and treatment for acute malnutrition, were core for this intervention. WFP delivered cash for food, UNICEF screened children to identify acute malnourished children, and PAHO/WHO guaranteed health care for malnourished children. In addition, FAO delivered supplies, tools, and technical assistance to promote livelihood recovery and diversification, focused in women participation and empowerment. UN Women and UNFPA focused on protection and health provision for women and girls. UNICEF carried out actions to benefit and strengthened capacities related to WASH needs. All actions coordinated and agreed with the Government Group, stakeholders, and counterparts. The Ministry of Health have incorporated this so-called successful model into its own workplan and strategies. Extra funding was mobilized by WFP, UNICEF, and PAHO/WHO to consolidated this integral, life-saving intervention. Around 63,732 people was directly reached while 118,000 people was indirectly benefited.

People Directly Reached:

Every implementing agency was responsible to create a beneficiary's database per project. Every database, in Excel format, included the Personal ID number. In cases where children were directly benefited (acute malnutrition, pregnant youth, etc.) was the mother or the responsible adult person who provided Personal ID number. That number allowed to cross databases and reduce double counting. Although in several cases people were not able to provide ID number, and that introduced some gaps and minor errors, estimations of people directly reached without extra counting is 63,732. Half of the projects reached more people and achieved more outcomes than originally planned.

Individual databases per project.

Project	Total of records
WHO/PAHO	27,440 individuals
WFP	11,269 families
UNICEF-Nutrition	10,010 children
UNFPA	8,082 individuals
FAO	3,500 families
UN Women	831 individuals
Total	61,132 records

People Indirectly Reached:

Several actions contributed to increase the indirectly reached people figure, including information campaigns, sensitization meetings, villages where health centers were supported, and WASH community-based actions. Estimations of indirectly reached people is 118,000 individuals.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture (incl. livestock, fisheries, and other agriculture-based livelihoods)	3,500	3,465	7,766	7,420	22,151	3,500	3,465	7,766	7,420	22,151
Food Security - Food Assistance	14,319	13,461	14,557	14,263	56,600	14,253	10,890	14,706	15,022	54,871
Health - Health ²	10,500	0	2,923	2,793	16,216	14,763	1,116	0	2,829	18,708
Nutrition - Nutrition	5,500	3,000	11,655	10,768	30,923	13,108	7,699	12,459	12,580	45,846
Protection - Protection	6,500	900	600	0	8,000	6,951	592	631	0	8,174
Protection - Sexual and/or Gender-Based Violence	2,000	500	400	100	3,000	12,232	1,655	2,000	2,500	18,387
Water Sanitation Hygiene - Water, Sanitation and Hygiene	4,568	4,148	4,604	4,180	17,500	7,874	6,901	5,244	5,584	25,603
Total	46,887	25,474	42,505	39,524	154,390	59,739	31,202	42,806	45,935	179,682

NOTE: it is virtually impossible, at least under the way databases were collected, to disaggregate women, men, girls, and boys among sectors without double counting. Around 30% of Personal IDs were missing because beneficiaries did not have it on hand. Total estimations were carried out and presented in following tables 5 and 6. However, between or among sectors was not possible.

² 12,942 women and 1,116 men were added as per UNFPA's health chapter beneficiaries.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls, and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	56,600	63,732
Total	56,600	63,732

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	14,319	18,511	423	3,276
Men	13,461	11,940	416	2,775
Girls	14,557	16,599	936	3,340
Boys	14,263	16,682	877	3,517
Total	56,600	63,732	2,652	12,908

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS.

3.1 Project Report 20-UF-FAO-012.

1. Project Information			
Agency:	FAO	Country:	Guatemala
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries, and other agriculture-based livelihoods)	CERF project code:	20-UF-FAO-012
Project title:	Re-establishing food security and agriculture productive capacities on 3,500 families affected by food insecurity		
Start date:	26/03/2020	End date:	31/03/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 9,000,000	
	Total funding received for agency's sector response to current emergency:	US\$ 620,000	
	Amount received from CERF:	US\$ 600,000	
	Total CERF funds sub-granted to implementing partners:	US\$000	
	Government Partners	US\$000	
	International NGOs	US\$000	
	National NGOs	US\$000	
Red Cross/Crescent Organisation	US\$000		

2. Project Results Summary/Overall Performance

3,500 families with children with acute and chronic malnutrition and food insecurity were identified and supported by FAO with the CERF funds in coordination with other UN agencies (UNICEF, PAHO / WHO, UNWOMEN and UNFPA). The families are located in 267 communities in the Department of Huehuetenango and are distributed as follows: Chiantla, 116 communities and 800 families; San Ildefonso Ixtahuacán, 44 communities and 475 families; La Libertad, 34 communities and 475 families; La Democracia, 18 communities and 500 families; Nentón 29 communities and 700 families; and San Miguel 26 communities and 550 families.

3,500 families implemented good agricultural practices by establishing family gardens with vegetables of short production cycle using native seeds. Production was restored and the recovery of the productive capacity was achieved, allowing beneficiary families to have food, and contributing to the improvement of food security and nutrition.

The project activities created the proper setting to improve the production of maize and beans at the beginning of the production cycle. Through the delivery of 350,000 pounds of triple 15 fertilizer and 3,500 liters of foliar fertilizer, the cultivation of 350 hectares of maize and 1,750 hectares of beans was improved. Each of the 3,500 families received a farming tool kit that included a machete, a hoe, and a sharpening steel.

Six community pools, 20 community tank-fillers, and 260 rainwater harvesting systems were built that directly benefited 2,100 families. These systems are intended for human consumption and irrigation of family gardens. Actions were implemented especially with families led by women and contributed to reduce the time that families spent to carry and supply water to their homes.

The technical assistance and the implementation of agricultural practices in family farms improved food availability, especially of foods rich in animal and vegetable protein, and allowed families to generate alternative income through the sale of surpluses. Families also have assets for a new agricultural cycle.

3. Changes and Amendments.

The CERF has consolidated the humanitarian response of the Food and Nutrition Security sector in Guatemala. The comprehensive and complementary methodology of the United Nations agencies, funds, and programs and of the Government institutions is a model of articulation among the different actors involved in the execution; therefore, the efforts must be effective and quick.

During the implementation of the project, unforeseen events affected the original planification of activities, such as the negative effects of the COVID-19 pandemic and the effects of climate events like ETA and IOTA storms. These events caused delays in the execution of the activities in the field, so emergency actions had to be carried out to stabilize and execute what was planned in a timely matter. A 3-month extension was requested which was authorized by the CERF.

The comprehensive and complementary methodology among United Nations agencies, Government institutions and the Humanitarian Country Team allowed that the CERF funds could reach the intended families; the funds and human resources were also optimized to achieve the project's goals in a short period of time.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries, and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	3,500	3,465	7,766	7,420	22,151	3,500	3,465	7,766	7,420	22,151
Total	3,500	3,465	7,766	7,420	22,151	3,500	3,465	7,766	7,420	22,151
People with disabilities (PwD) out of the total³										
	423	416	936	877	2,652	0	0	0	0	0

³ During the formulation process of the Project, the planning of the number of persons with disabilities was carried out on the basis the official data of the Huehuetenango Department, expecting to benefit the proposed number. However, during the implementation of the activities in the field and according to the registry, no member of the participating families with disabilities were identified

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project.

The implementation of community pools and community tank-fillers are practices that directly benefit all 22,151 persons who are part of the families participating in the project. In addition, 31,500 persons who live in the areas of the project's intervention were indirectly benefited, especially from the practices related to water management.

6. CERF Results Framework.

Project objective	To deliver emergency agriculture package to 3,500 families in need to re-establish agriculture productive capacities and to assure food security and nutritional.			
Output 1	Provision of seeds, fertilizers, and tools to affected families to restore their productive capacity and re-establish their food security and nutritional.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of families receiving agriculture supplies and tools	3,500	3,500	Database of attended families, agricultural inputs delivery forms, and tools for the attended families.
Explanation of output and indicators variance:		[N/A]		
Activities	Description	Implemented by		
Activity 1.1	Identifying targeting families, collecting data for baseline analysis, and logistics	MAGA, Municipalities, and FAO		
Activity 1.2	Delivering seeds, fertilizers, and technical assistance	MAGA, Municipalities, and FAO		
Activity 1.3	Delivering agriculture tools at family scale	MAGA, Municipalities, and FAO		
Output 2	Implementing alternative productive means and livelihoods, especially for women, to promote additional income through orchards, short-term vegetable crops, poultry, and native vegetables.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries, and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of families implementing alternative, productive livelihoods	3,500	3,500	Database of attended families, delivery forms for seeds, poultry, and concentrate, delivery forms for livestock first aid kits.
Indicator 2.2	# of families, headed by women, implementing alternative, productive livelihoods	3,500	3,500	Database of attended families led by women
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Implementing orchards in the backyard at family scale, mainly focused in women	MAGA, Municipalities, and FAO		
Activity 2.2	Delivering seeds of native vegetables	MAGA, Municipalities, and FAO		

Activity 2.3	Delivering poultry (laying hens)	MAGA, Municipalities, and FAO		
Activity 2.4	Delivering food for poultry	MAGA, Municipalities, and FAO		
Activity 2.5	Delivering first-aid supplies for poultry and livestock (for prophylaxis)	MAGA, Municipalities, and FAO		
Output 3	Repairing or stablishing local, family systems to collect and store rainfall water for agriculture production and food preparation			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries, and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of families stablishing or repairing water storage systems for human consumption and for agriculture	300	286	Database of the attended families, delivery forms of the materials for the community fill you up and laundries, delivery forms for the rainwater harvester and low-pressure drip irrigation.
Indicator 3.2	# of families implementing harvesting systems for water at family level	280	260	Database of the attended families, delivery forms of the materials for rainwater harvester and low-pressure drip irrigation.
Indicator 3.3	# of families repairing and improving local irrigation systems	50	260	Delivery documents of the materials for Low-pressure drip irrigation.
Explanation of output and indicators variance:		The building materials and inputs purchased and delivered were used to build 6 community pools, 260 rainwater harvesting systems and 20 community tank-fillers. Because of the price fluctuation driven by the impact of the COVID-19 pandemic during the procurement phase, the materials could not be purchased as scheduled and 14 less-than-planned irrigation systems and 20 less-than-planned rainwater harvesting systems were installed. 210 irrigation systems were improved, more than planned, for the same number of families since the building materials and inputs were efficiently used and the distance from the reservoir to the plots was less than expected which allowed to increase the number of installed irrigation systems.		
Activities	Description	Implemented by		
Activity 3.1	Implementing harvesting systems for rainfall water, covered by geo-membrane, for 16,000 litres, at family level, including small irrigation systems	MAGA, Municipalities, and FAO		
Activity 3.2	Repair and improvement of existing community irrigation systems	MAGA, Municipalities, and FAO		
Activity 3.3	Implementing low-cost technology for water management purposes (small community pools for water distribution)	MAGA, Municipalities, and FAO		

7. Effective Programming

a. Accountability to Affected People (AAP)⁴:

Institutions were continuously involved in the monitoring of the project and the evaluation of progress. The progress of the planned actions was monitored by the institutional bodies at the different coordination levels: at the departmental level with the Departmental Commission

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments.](#)

for Food Security and Nutrition (*CODESAN*), and at the municipal level with the Municipal Commissions for Food Security and Nutrition (*COMUSAN*), using monthly progress and coordination reports as the main tool.

At the community level, meetings were held with the Community Commissions for Food Security and Nutrition (*COCODES*) and with representatives of the benefited families. In the first stage, the project objectives and implementation methodology were explained. Due to COVID sanitary restrictions, it was decided to hold bi-weekly meetings with the families' appointed representatives to report on the progress of the implementation of the agricultural and livestock activities, water management and the delivery of inputs and supplies. At their turn, these families passed the information to the other participating families in their community.

b. AAP Feedback and Complaint Mechanisms:

The complaint mechanism was established within the Municipal Commissions for Food Security and Nutrition (*COMUSAN*). These commissions would receive the complaints from the project's beneficiaries during field visits and would present them during the monthly meetings where concerns were jointly resolved. Additionally, during the visits to the communities, consultations were made with the beneficiary families to identify possible issues and seek pertinent solutions. During the execution of the project, no complaints were received. The project coordinator conducted direct interviews with the families to obtain information regarding a particular concern. Families were given FAO's institutional and Representative telephone numbers to address any complaint. In the project's communities there is little access to technology, so they have no other means to submit their complaints (for example through email).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

During the implementation of the project, when the groups were organized, the mechanism to file sexual abuse complaints was presented in case that families were exposed to this kind of abuse from the technical team. The process established to address their complaints to the Community Development Council (*COCODE*) or to *MAGA/FAO* Project coordinator who would receive the complaints. If a case had been filed, it would have been dealt according to the following procedure: *COCODE* receives the complaint and transfers it to the *MAGA/FAO* project coordinator; from here the case would be sent to FAO Programs Unit to be analyzed with the Representative and then proceed as stated in the administrative circular No. 2013/27 of Protection from Sexual Exploitation and Sexual Abuse (*PSEA*). During the execution of the project, no complaints were received.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The Gender Equality Strategy was led by *UNWOMEN*, from the joint formulation of the project within the inter-cluster mechanism, gender markers were included, and the inclusion of women in the different activities was monitored in the field, including: their participation with voice and vote in the boards of directors and in the training sessions, their active decision on where to build the community pools and the community tank-fillers and adapting the time of meetings to their schedules. Women were prioritized as representatives of the families which encouraged their participation; productive capacities were strengthened through the modules of vegetables and chicken production. The women decided on the use of the production and the marketing of the surpluses. Time-saving practices were implemented such as rainwater harvesting, community pools and community tank-fillers. Women's access and control of productive resources was promoted, as well as the better use of the households' resources which strengthened women's decision-making at the family and community level.

e. People with disabilities (PwD):

During the formulation process of the Project, the planning of the number of persons with disabilities was carried out on the basis the official data of the Huehuetenango Department, expecting to benefit the proposed number. However, during the implementation of the activities in the field and according to the registry, no member of the participating families with disabilities were identified.

f. Protection:

The project mainly promoted the protection of women, girls, and boys by providing access to resources to restore food and nutritional security, especially in the components of availability and access to healthy and nutritious food, through the improvement of productive capacities. Another action implemented was aimed to strengthen women capacities to make decisions regarding the feeding of their children. By having availability and access to food through productive activities, child labor has decreased in neighboring plots or farms; and boys and girls have diversified their diet.

g. Education:

The Project strengthened the knowledge of the participating women and their families, especially in food education, water management and food production, which reflects on the improvement and reestablishment of their food production systems. The trainings included demonstrative activities for agricultural and livestock production. Food preparation trainings were organized where families used commercial and native vegetables, and eggs from their own production. They were also trained on how to combine protein of animal and vegetable origin to improve the family's nutrition, especially children's.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities:

Title	Weblink
Participation of FAO Representative in the extraordinary meeting of the Departmental Commission for Food Security and Nutrition	https://twitter.com/FAOGuatemala/status/1364365389485010945?s=1001
Visit of UN agencies to the CERF project to see the results	https://twitter.com/FAOGuatemala/status/1364931733343395845?s=1001

3.2 Project Report 20-UF-WOM-002.

1. Project Information			
Agency:	UN Women	Country:	Guatemala
Sector/cluster:	Protection - Protection	CERF project code:	20-UF-WOM-002
Project title:	Empowerment and access of women and girls affected by food insecurity to protection, care, support services and networks.		
Start date:	01/04/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 900,000	
	Total funding received for agency's sector response to current emergency:	US\$ 162,078	
	Amount received from CERF:	US\$ 150,078	
	Total CERF funds sub-granted to implementing partners:	US\$ 110,404	
	Government Partners	US\$ 0	
	International NGOs	US\$ 110,404	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Women's empowerment and access to protection and assistance mechanisms and support networks: a strategy focusing on protection, dignity and empowerment of women and girls.

The 80 communities for UN Women's intervention were selected with the involvement of state actors, women's organizations, and local governments through a participatory process. In these communities, 240 women trained as protection agents have been recognized and accredited by the municipality and are familiar with life-saving information and communication technologies. The protection agents actively participated in the identification process, identifying 68 child mothers and pregnant girls at risk of food and nutritional insecurity, who were further registered by the nutrition brigades, as well as 843 high-risk women who were referred to WFP for inclusion in the food security component.

Community protection mechanisms were strengthened / created to detect and address the risks that result in greater exclusion for women. Eighty women-lead community protection networks were formed and received training on the co-responsibility of men and women in domestic and care work and in the procedures in the event of violence. The networks, comprised by women and men in each community, developed petitions to the Municipal Food and Nutritional Security Commissions (COMUSAN), which include women's practical and strategic protection needs. The COMUSAN accepted the petitions and committed to seek funds to address the concerns.

Coordination mechanisms were developed to generate rapid and inclusive responses to food and nutritional insecurity in Huehuetenango. UN Women facilitated the establishment of coordination mechanisms between protection networks and decision-making structures for the preservation of women's autonomies and women's empowerment. As a result, seven cases of extreme violence against women were referred to the corresponding authorities, in coordination with State institutions, the private sector, and UNFPA. The networks provided lifesaving responses in less than 24 hours.

Gender equality capacities were increased.

Members of the Departmental Food and Nutritional Security Commission, of the Municipal Food and Nutritional Security Commissions, implementing partners, U.N. agencies and government counterparts have acquired greater knowledge on gender equality and the application of the IASC gender and age marker from the project design to the evaluation program phases. 24 organizations participated, training 44 people, of whom 59% are women and 41% men, 30% from Mayan linguistic communities and 70% mestizo, 57% implementing partners, 39% members of the DA Municipal Technical Boards, 4% of the DA Departmental Technical Board, 2% Government counterparts. As an added value, the Municipal Offices for Women, the Presidential Secretariat for Women and the Office for the Defense of Indigenous Women participated in this process in coordination with UN Women and joined the actions for food and nutritional security.

In addition, five legitimate and relevant protection infrastructures were implemented as a result of a collective community construction process. The following works increased the level of perception of women's security:

- Lighting of the Xapper community Women's Clinic, to provide greater security for the women who visit the clinic in the late afternoon, through solar panels and provision of a solar refrigerator for medical supplies.
- Placement of non-structural components to ensure the privacy and protection of girls users of the restrooms in the Telesecondary school buildings and Health Post of the community of Huicá.
- Protection against rain and lights for users of the community collective wash sinks/basins in El Milagro community.
- Repair of the meeting room ceiling of the community of El Limar, for the use of women protection agents and the management of protection networks.
- Lighting of main walkways in the area called La Hamaca, in the Buena Vista community, resulting in a greater sense of protection for women.

3. Changes and Amendments

One of the significant gender-responsive changes achieved in this humanitarian context, in addition to the technical approach to nutritional and food security, was women's empowerment and their participation in decision making in community settings. Considering that, in Guatemala, the prevalence of chronic malnutrition in girls and boys under 5 years of age is 67.8%; protection agents are key actors in reducing chronic malnutrition in children and adolescents as well as empowering women to increase their access and better manage their livelihoods.

Regarding protection infrastructure works, the perception of women's security and protection increased by 75%, vis a vis the baseline, which showed an average perception of 25% (percentage on the perception scale); the final measurement totals 100%.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	6,500	900	600	0	8,000	6,951	592	631	0	8,174
Total	6,500	900	600	0	8,000	6,951	592	631	0	8,174
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0 ⁵

⁵ No PwD registered as part of the beneficiaries.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project.

Indirect beneficiaries have been estimated based on approximations considering the total population of the communities where implementation has been carried out directly.

Criteria were established for selecting direct beneficiaries, especially the creation of community protection networks and women protection agents. Rather than using random sampling, criteria was based on profiles and collective consensus.

The total beneficiary population was 68,500 people, of which 35,797 are men and 32,703 women from 80 communities in the municipalities of Santa Cruz Barillas, Chiantla, La Democracia, La Libertad, Nentón, San Ildefonso Ixtahuacán and San Mateo Ixtatán.

6. CERF Results Framework

Project objective	Empowerment and access of women and girls affected by food insecurity to protection, care and support services and networks.				
Output 1	Women and girl's communitarian and municipal protection mechanisms established				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection – Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Women at greater risk profiles developed	800	843 women and 68 girls were identified in the mapping process. 7 women at high-risk were assisted by protection agents in coordination with UNFPA and ASECSA. 52 Dignity Kits 174 actions proposed in decision-making spaces at the municipal level and 164 at the community level.	Report and mapping tool. Database.	
Indicator 1.2	Number of community protection networks established/strengthened	80	80 community protection networks have been created with the support of locally based women's partner organizations. The 80 intervention communities have active and trained community protection networks.	Data from the community networks of the localities addressed in the eight municipalities.	
Indicator 1.3	Number of women/mothers protection agents with enhanced knowledge of the use of ICTs as a protection and immediate action mechanism.	160	240 women protection agents are familiar with and use information and communication technologies (ICT) as an immediate and life-saving protection mechanism.	Database and process report.	
Indicator 1.4	Number of women/mothers protection agents participating in nutrition brigade activities	160	The women have participated in at least one training course throughout the project. Key entities have aided in identifying women leaders,	Attendance lists of women / mothers who have participated in the nutrition brigades' activities.	

			translation support during the training courses and to UNICEF's work. In some communities, protection agents have also become UNICEF change agents, for a total of 21 women.	
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Explanation of output and indicators variance: None

Activities	Description	Implemented by
Activity 1.1	Data Management: collection, registration, and analysis	UN Women / COOPI
Activity 1.2	Women's networks mobilization	COOPI with the support of civil society women's organizations.
Activity 1.3	Enhance women's management of ICTs as an immediate protection/action mechanism to save lives	COOPI with advice from UN Women.

Output 2 Enhanced protection mechanisms for women and girls at greater risk

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of community/municipal protection networks coordinating with territorial decision-making structures to preserve and develop women's autonomy	80	80 networks have been formed: in San Miguel Acatán, the Maan Naa Association and the Organized Women's Group. In San Mateo Ixtatán the Maya Yolk' u Association. In Barillas the Network of Indigenous Women for Reproductive Health, REDMISAR. In San Ildefonso Ixtahuacán the Copal Growers' Environmental Movement, AFOPADI. Actoras de Ixtahuacan, ADIMAJ. In Nentón, the Mama Maquin Midwives' Association and the LUNA Association.	Database of communities and their members.
Indicator 2.2	Number of girl and teenage girl mothers benefiting from affirmative actions to protect their safety and dignity	600	More than 600 girls and adolescent girls have benefited. In some communities, protection agents have also become UNICEF change agents, for a total of 21 women.	CERF database and lists of the Ministry of Public Health.
Indicator 2.3	Number of communities with alternative mechanisms to provide care and protection to children staying at home whilst mothers attending food and nutrition security activities	80	80 communities have installed alternative mechanisms for the protection and care of girls and boys staying at home whilst mothers attending food and nutrition security activities. 100% of the protection and care mechanisms developed and validated in coordination with community protection networks.	Paper describing defined and prioritized alternative protection mechanisms.

Explanation of output and indicators variance:		None		
Activities	Description	Implemented by		
Activity 2.1	Establish coordination channels between community/municipal protection networks and territorial decision-making structures to enhance women's autonomy to invest cash transfers in food and nutrition security	COOPI and UN Women		
Activity 2.2	Identify key obstacles for girls and teenage girl mothers to access food and nutrition security services and develop immediate redress actions	COOPI and UN Women		
Activity 2.3	Install communities with alternative mechanisms to provide care and protection to children staying at home whilst mothers attending food and nutrition security activities	COOPI and UN Women		
Output 3	Communitarian protection infrastructure for women, girls and boys installed			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of communitarian protection infrastructure for women, girls and boys installed	5	The following five protection infrastructure projects were implemented: Replacement of the sheet roof of the El Limar Village Health Post. Construction of a restroom for the health post and renovation of the National Basic Education Institute (INEB) restrooms. Covered community washbasins for El Milagro village. Expansion of public lighting in Buena Vista village. Installation of solar panels and a solar refrigerator to improve health care for the women of Xaper Village.	Infrastructure works.
Indicator 3.2	Percentage of women community leaders who report an increase in women's security, safety, and dignity due to the installation of protection infrastructure	75%	The perception of security has increased among the women where the project was implemented.	Focus group methodology report. Attendance list of community members participating in focus groups. Perception measurement tool based on a qualitative and quantitative perception scale.
Explanation of output and indicators variance:		None		

Activities	Description	Implemented by
Activity 3.1	Participatory prioritization of communities where protection structures are to be installed	COOPI and civil society women's organizations in Huehuetenango.
Activity 3.2	Community mobilization for the instalment of protection structures	COOPI and UN Women
Activity 3.3	Design and construction of protection structures	COOPI and UN Women

Output 4 Gender and Age Marker monitored

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Protection
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of participant UN Organisms incorporating a gender and age perspective in the implementation of their projects	6	6 UN Agencies plus implementing partners participated in the workshop to incorporate the gender perspective.	Workshop report and attendance list.
Indicator 4.2	Percentage of compliance of Gender and Age Marker	75%		
Indicator 4.3	Documented the best practices and lessons learned in the application of the Gender and Age Marker	1 document	1 document was prepared on the best practices and lessons learned at the territorial and national level.	Paper on best practices and lessons learned.

Explanation of output and indicators variance: None

Activities	Description	Implemented by
Activity 4.1	Inception on gender and age marker to project teams	UN Women
Activity 4.2	Online registration of gender and age marker compliance in project design	UN Women
Activity 4.3	End of project verification of gender and age marker compliance and documentation of best practices and lessons learned	UN Women

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁷:

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UN Women carried out a participatory process since the initial stage, working together with civil society women's organizations to identify women acting as protection agents, who carried out these actions during project implementation:

- ✓ Data management for identification of women at greatest risk of food insecurity.
- ✓ Support the creation of community and municipal protection networks.
- ✓ Participation in the nutrition brigades' activities and training of change agents.
- ✓ Referral of identified cases of gender violence, sexual, and reproductive health to UN Women and UNFPA delegates.
- ✓ Coordination with the Women's Commissions, the protection networks, and decision-making spaces.

Women participating in the project have played an important role in social auditing, which has contributed to adequate accountability.

b. AAP Feedback and Complaint Mechanisms:

Procedures were established for referral of suspected abuse cases through the municipal level coordination mechanisms between protection networks and institutional actors to guarantee women's rights and protect their lives and security; a procedure has been defined through these coordination mechanisms for addressing confidential complaints of inappropriate actions by the staff managing the cases; regarding feedback on actions, women change agents played an important role in developing social audit mechanisms that included feedback to the response team.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The response team does not currently have a full-time (100%) dedicated PSEA advisor; however, UN Women and its partner, COOPI, have created mechanisms through safe programming to mitigate the risks of sexual abuse and exploitation faced by women, girls and adolescents. Due to the nature of the crisis, a challenging protection environment was faced prior to implementation in the field, especially because of the Covid-19 pandemic scenario; this included the likelihood of major displacements and the difficulties of hiring new staff that met the requirements. Safe programming contemplated these criteria to comply with the humanitarian principle of "doing no harm" and in cooperation with women's organizations.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

In recent years, the active participation of women from urban-rural areas of Guatemala as decision makers and change agents has slightly increased; however, gender gaps persist and are reproduced both through the various labor market regulation mechanisms and during the different stages of productive projects, even when these are aimed at reducing social inequalities. Furthermore, COVID-19, ETA and IOTA crisis have seriously damaged women's social, economic, and political autonomies, leading to further exclusion and constituting a setback on women's gains.

The key role played by UN Women in this CERF was to contribute to gender equality, the empowerment of women and their protection against violence, ensuring that humanitarian action is increasingly gender sensitive; Implementation of the IASC gender and age marker was extremely important in measuring and guiding a more inclusive, equitable and equal humanitarian gender-based response.

e. People with disabilities (PwD):

The needs of women, girls and adolescents were addressed based on the fact that they themselves identified their needs and made proposals to address them, such as the construction of five protection infrastructure works. No women or girls with disabilities have been identified from the rapid need assessment to the exercise to identify women suffering from food insecurity.

f. Protection:

Applying the protection principles established in SPHERE, the Humanitarian Charter, the postulates of CEDAW, the Women, Peace and Security Global Agenda, the minimum standards for the protection of children in humanitarian action, and the best interests of the child (with emphasis on girls and adolescents), actions such as working with women's organizations that are familiar with the context and the situation of women were implemented from the outset, in the planning and execution phase. A reporting mechanism was developed to ensure that women could express themselves without fear.

g. Education:

Key advocacy messages have been developed to ensure the rights of girls and women, including girls' right of to quality education and the shared responsibility of men in care and domestic works.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	None

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UN Women did not provide cash transfers, but rather supported the incorporation of the gender approach in economic studies, risks analysis from the perspective of women's protection with regard to delivery modalities (gift cards, vouchers, prepaid cards, etc.) and community monitoring to ensure the protection of women who received cash transfers.

830 profiles of women at high risk were identified, analyzed and used by protection agents. An analysis was carried out jointly with key entities such as DMM, women's organizations, technical staff and UN Women to develop an identification form, which was shared with the WFP.

In addition to CERF, UN Women has participated actively in the Cash Working Group and CVA is also addressed within the Gender Group of the Humanitarian Country Team.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
UN WOMEN and its implementing partner, COOPI, in the framework of the CERF Project, conduct a second training course for 30 protection agents.	https://fb.watch/1pZznZGAac/
Verification of progress in implementing micro projects that are part of the UN Women program.	https://m.facebook.com/story.php?story_fbid=248977136832163&id=103482874714924&_tn_=%2As%2As-R
Municipality of the City of Chiantla, 2020-2024.	https://m.facebook.com/ChiantlaMuni/photos/pcb.209444810602603/209438963936521/?type=3&source=48&_tn_=EH-R
Municipal authorities, together with the members of COMUSAN, welcome Government, SESAN and CERF Project agency representatives.	https://m.facebook.com/story.php?story_fbid=193720505691160&id=103482874714924&_tn_=%2As%2As-R

3.3 Project Report 20-UF-FPA-014

1. Project Information			
Agency:	UNFPA	Country:	Guatemala
Sector/cluster:	Health - Health	CERF project code:	20-UF-FPA-014
Project title:	Sexual & reproductive health emergency care services & mitigation of GBV due to malnutrition and food insecurity emergency in Huehuetenango Guatemala		
Start date:	25/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 199,997
	Amount received from CERF:		US\$ 199,997
	Total CERF funds sub-granted to implementing partners:		US\$ 131,873.76
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 131,873.76
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

UNFPA and implementing partner trained 240 traditional midwives enabling them to identify and appropriately refer pregnant women, children with acute malnutrition and women victims of sexual violence, for treatment and emergency care; midwives were provided with personal protection equipment as well. 7,008 women received prenatal care, delivery care, postpartum follow-up, and health care by midwives. Over 2,000 pregnant women received ferrous sulfate and folic acid.

130 health service providers from 8 districts were trained on family planning, maternal, neonatal, and childcare; over 370 health providers received personal protection and care supplies.

An estimated 2,543 women benefited through education, information, and communication processes for a timely referral on the identification of danger risks and signs. 50 municipal health commissions were strengthened, trained, and organized. 2,500 Dignity Kits for women were provided to mothers of children with malnutrition and to victims of sexual violence. This process was supported with information on prevention and reporting measures for violence against women; 9 cases of violence were identified and referred to the justice system. Over 50,000 people received information on prevention of violence against women, pregnancy care, prenatal control and promotion of healthy motherhood, through a radio campaign produced in 4 Mayan languages, printed material and infographics socialized on social networks. Over 70 community and institutional actors participated in processes of systematization and development of a documentary of the project's experience.

The project reached directly a total of 19,097 people, 12,942 women and 1,655 men, plus 2,500 boys and 2,000 girls, positioning the importance of comprehensive health care for mothers of malnourished children, a determinant of acute and chronic malnutrition in Guatemala. The project strengthened the ecological work approach, developing actions in women, families, communities, and institutions, allowing for comprehensive interventions.

3. Changes and Amendments

During project implementation, Covid19 Pandemic struck. Therefore, it was necessary to redefine some of the work processes and supply purchases for population care to those for personal protection for health providers, both at community and institutional level. The project also expanded its original coverage of midwives from 200 to 240, enabling further care of communities in prioritized areas. Implementing period was also extended through March 2021, at no additional costs; due to the country's health emergency, interventions had unforeseen implementation delays. These changes were communicated and approved by CERF, do not represent any additional expenses and enabled compliance of programmatic and financial results. ASECSA expanded and strengthened its local alliances to ensure coordination with health personnel from the 8 districts served, particularly for the continuity of pregnant women care during the health emergency caused by COVID19.

4. Number of People Directly Assisted with CERF Funding

Sector/cluster	Health – Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	12,500	500	1,650	1,350	16,000	12,942	1,655	2,000	2,500	19,097
Total	12,500	500	1,650	1,350	16,000	12,942	1,655	2,000	2,500	19,097
People with disabilities (PwD) out of the total										
	900	40	130	170	1,240	134	48	28	16	226

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project developed a communication campaign on Care in the health services, Pregnancy Care, Risks, and danger signs during pregnancies and with newborns, Sexual Violence and Nutrition. It reached approximately 50,000 people from 8 municipalities, and it extended to 4 more municipalities in the northern zone and 5 municipalities in the southern zone of Huehuetenango. The campaign included printed materials that were provided to health personnel, health commissions, midwives, and leaders for its use at the community level. The radio spots continue to be broadcasted by local radios at assigned timelines to health districts.

6. CERF Results Framework

Project objective	Contribute to reduce morbidity and mortality due to acute malnutrition, maternal mortality, and the risks of gender-based violence, violence against women and girls in families, households and communities from prioritized municipalities.			
Output 1	Improved access to safe delivery services including Emergency Obstetric Care (EmOC) in functional health centers in the selected states			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of health facilities supported with antenatal care supplies	20	40	Supplies delivery reports
Indicator 1.2	# of health facilities supported with clinical delivery supplies	8	8	Supplies delivery report
Indicator 1.3	# of health providers (ObGyn, general medical doctors, nurses) trained for managing uncomplicated births and management of basic obstetric and new-born complications (EmOC) and complicated birth based on the gaps identified	100	282	Training report
Indicator 1.4	# of traditional birth attendants trained, based on multicultural approach, to identify warning signs, management of uncomplicated births referral pathways and equipped to take care of deliveries in hygienic conditions	200	240	Training report
Indicator 1.5	# of pregnant women reached with lifesaving information on obstetrical care, warning signs and complications and access to services	2,500	7,809	Report of meetings with women
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Establish services contract with ASECSA	UNFPA/ASECSA		
Activity 1.2	Procurement and distribution of drugs for antenatal and for emergency obstetrics care	ASECSA		
Activity 1.3	Procurement and Distribution of non-medical supplies and medical equipment for obstetrics care	ASECSA		
Activity 1.4	On-job training and refreshing sessions on basic integral obstetric and newborn complications care and SRH supplies use, to health providers	ASECSA		
Activity 1.5	On-job and refresher capacity building for traditional birth attendants for safe handling of delivery and delivery of material for safe delivery in hygienic conditions. Knowledge exchange between 2 medicines (biomedical and traditional)	ASECSA		

Activity 1.6	On-job and refresher capacity building for health committees / commissions for safe handling of ANC and safe delivery	ASECSA		
Activity 1.7	Development and delivery of communicational products on obstetric care to health centers, traditional birth attendants and to the community	UNFPA/ASECSA		
Activity 1.8	Monitoring and follow-up of SRH activities	UNFPA		
Output 2	Women and girls in the prioritized areas have access to life saving SRH services including clinical management of rape (CMR) and family planning			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of health facilities supplied with clinical management of rape supplies	3	8	Supplies delivery reports
Indicator 2.2	# of health providers (ObGyn, general medical doctors, nurses, psychologists, social workers) trained on clinical management of rape	20	40	Training reports
Indicator 2.3	# of traditional birth attendants trained on SRH issues including contraception and sexual right	200	240	Training reports
Indicator 2.4	# of women reached with lifesaving information on contraception, CMR and sexual rights and access to services	10,500	15,000	Meeting reports
Indicator 2.5	# Dignity Kits distributed to vulnerable women and girls in reproductive health	2,500	2,500	Kits delivery reports and information to women
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Establish services contract with ASECSA	UNFPA		
Activity 2.2	Procurement and distribution CMR supplies	UNFPA/ASECSA		
Activity 2.3	Procurement and Distribution of Dignity Kits for vulnerable women and girls in reproductive health	UNFPA/ASECSA		
Activity 2.4	One-Job Training and refresh on contraception of health providers	ASECSA		
Activity 2.5	On- job training and refresh on clinical management rape to health providers	ASECSA		
Activity 2.6	Develop and implement sensitive community approach on SRH.	ASECSA		
Activity 2.7	Development and delivery of informative communicational product on contraception, sexual rights and CMR and services access	ASECSA		
Activity 2.8	Monitoring and follow-up of SRH community and institutional activities	UNFPA/ASECSA		
Output 3	The capacities of local public intuitions, civil society community leaders and humanitarian actors to coordinate, prevent and respond to SRH/GBV are strengthened			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health – Health			

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of local authorities, health providers, community leaders receiving orientation/training sessions on the Minimum Initial Service Package (MISP) for Reproductive Health as well as on safe, adequate, and quality services for GBV survivors	40	80 members of 40 health commissions	Training reports
Indicator 3.2	# national and local meeting addressing SRH/GBV issues	18	20	Meeting reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 3.1	On-job training and refreshing sessions on Minimum Initial Service Package (MISP) for RH addressed to Ministry of Health Staff, local authorities, community leaders and civil society	UNFPA		
Activity 3.2	On-job training and refreshing sessions on adequate and quality services for GBV survivors to Ministry of Health Staff, local authorities, community leaders and civil society	UNFPA		
Activity 3.3	To coordinate and support local meeting in order to address SRH/GBV issues and local response	UNFPA		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁹:

Project implementation at local and community level ensures a direct intervention with women as agents of change, strengthening traditional midwives' roles, recognizing their leadership and counseling in communities. Strengthening of community health commissions rendered mostly by men and the inclusion of women in work plans as well as the inclusion of men's and women's reproductive health care, pregnant women care, maternal mortality risks and care, and prevention of VAW as determining factors for the prevention of acute malnutrition. Given the socio-cultural and linguistic context of the prioritized municipalities, the implementing partner integrated a bilingual technical team, whom facilitated dialogue, openness and alignment at the community level.

b. AAP Feedback and Complaint Mechanisms:

The diverse education, training and information processes were based on international standards, legal framework and protocols developed by the MoH, for the provision of integrated reproductive health services, for the care and referral of VAW cases, including sexual violence. UNFPA facilitated information to the coordination and technical team on the importance of promoting human rights focused interventions ensuring cultural relevance and effective use of dialogue and coordination spaces with health personnel and local authorities.

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Registered cases of sexual violence or other forms of violence were handled based on the legal framework and the mechanisms developed by national authorities. The project cooperated in determining the women, families and communities to be supported, and throughout the activation of assistance networks for women victims. It developed and ensured confidentiality and information management mechanisms. Furthermore, the implementing NGO has been trained on the prevention of sexual exploitation and abuse, to ensure effective management of such situations throughout their work.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNFPA, in partnership with ASECSA, facilitated participatory processes engaging women as agents for change, providing dialogue, information and training spaces to contribute to health improvement, participation in decision-making, and developing targeted information spaces for men, as key actors, to contribute to the comprehensive health care for women, adolescents and girls. Midwives are also key agents of change, given their multiple community roles in promoting equitable participation of women from all ages and in all spaces.

e. People with disabilities (PwD):

Project's interventions were coordinated with health personnel, midwives and community health commissions that work in the communities. This enabled the technical team' safety, whom throughout the COVID19 context implemented virtual and semi-face-to-face intervention modalities. During action implementation, the team noted participation of people with disabilities, thus facilitating conditions for their participation risk-free.

f. Protection:

From the start, the project intended working with prioritized populations to guarantee strengthening sexual and reproductive rights. Throughout project implementation, the technical team took in consideration the needs of the beneficiaries, community actors and leaders, ensuring their protection during all programmed interventions. Within the Covid19 framework, the project ensured compliance with prevention measures, providing personal protection supplies to health personnel and community actors while working with the population.

g. Education:

During its intervention, the project planned information and communication processes to promote behavior change and to improve the capacities of the community and institutional health human resources. It developed methodologies and materials that allowed the communication of messages to the population in their mother tongue. These processes are left to institutions, communities and the implementing NGO for present and future use throughout their daily work.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Benefits delivered from UNFPA's project do not fit with CVAs.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
None	None	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Infographics	https://drive.google.com/drive/folders/1Ovc2Uu2FHCjWwJfawd_7e8j6uC3t7C24
Radio campaign	https://drive.google.com/drive/folders/1plsa_WrB1IGNZnaSnottGG74IKI3okaE
Materials for the promotion of Zero Violence against women	https://drive.google.com/drive/folders/151a7pVAfJmznKwexXQczPbzq2kTNCctu
Delivery of dignity kits	https://drive.google.com/drive/folders/1iglsieec0-DFbJWH164oJhdKk-Nref9o
Health commissions training	https://docs.google.com/document/d/1eA2I--kRDhH9c768vGI3mx-TkklelrH0/edit
Training for traditional midwives	https://docs.google.com/document/d/1iMgyMN7jSHryJ31pCJFCLCQQ_IydWLA/edit
Health personal training	https://drive.google.com/drive/folders/18qrnHfjPjpcJYLzza1CNERt3dcYXt34s
Documentary video systematization	https://drive.google.com/file/d/1oPUKTJRI_3Bbx_yegDmB-8RVvb-PAhK3/view?usp=sharing

3.4 Project Report 20-UF-CEF-018

1. Project Information			
Agency:	UNICEF	Country:	Guatemala
Sector/cluster:	Nutrition – Nutrition	CERF project code:	20-UF-CEF-018
Project title:	Assuring Survival Through Urgent Treatment to Acutely Malnourished Children in Eight Municipalities in Huehuetenango		
Start date:	02/04/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 14,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,731,256
	Amount received from CERF:		US\$ 996,545
	Total CERF funds sub-granted to implementing partners:		US\$ 914,646.99
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 914,646.99	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF, in coordination with its implementing partners, implemented 16 **“Nutrition Brigades”** (also known as *Nutrition teams*), reaching 25,039 children under five (49% girls and 51% boys) in eight municipalities and 380 communities in the Department of Huehuetenango, in the northwest side of Guatemala. The Nutrition teams were composed of nutritionists and nurses and were implemented in the period between June 2020 and March 2021. Out of the 25,039 children screened, 12,520 children were diagnosed as acutely malnourished or at risk of acute malnutrition. In total, the Nutrition teams identified 431 children with acute malnutrition (40% boys; 60% girls). Out of those, 396 children were diagnosed with Moderate Acute Malnutrition (MAM), while 35 were identified as children with Severe Acute Malnutrition (SAM). All children identified with acute malnutrition received adequate treatment and were referred to the nearest health service. It is important to note that 67% of children identified with acute malnutrition by the nutrition teams had not been previously identified by the Ministry of health through the implementation of standard health services, confirming the importance of these teams to reach the far-to-reach and rural communities. While the original plans included the screening of pregnant and lactating women, the Ministry of Health took the decision not to carry out this service in the context of COVID19. However, the Nutrition teams were able to provide counselling to 20,807 parents (13,108 women and 7,669 men) on areas such as hygiene, infant and young child feeding (breastfeeding and complementary feeding), healthy food practices, healthy nutrition during pregnancy, micronutrient supplementation, prevention and treatment of acute and chronic malnutrition and physical activity. Out of those 20,807 parents, the Nutrition teams counselled 6,115 parents on acute malnutrition and adequate infant and young child feeding. The nutrition teams also implemented capacity building activities to 622 community leaders (373 women and 249 men), who were trained as “Change Agents”. These Change Agents committed to carry out actions in their communities to timely identify children with acute malnutrition and to give counselling to mothers on infant and young child feeding and adequate food and nutrition practices for pregnant and breastfeeding women. The “Change Agents” are crucial to provide counselling to women in the local community language and within the local context. Both nutrition teams and community leaders used personal protective equipment (PPE) during the actions described above to prevent COVID-19 infections.

3. Changes and Amendments

[The number of children under five screened for acute malnutrition was exceeded by 2,607 children and 280 communities (total of 25,039 children and 308 communities) when compared to the initial proposed number, which was originally 22,432 children and 100 communities, respectively. The Ministry of Health, through the departmental health Area, took the decision to increase the coverage of the nutrition teams to more communities, to reach more children and save more lives. The nutrition brigades were not able to screen pregnant women for malnutrition, as per guidelines from Ministry of Health in the context of COVID-19. However, at least 2,649 pregnant women received counselling on food and nutrition care during pregnancy. The rapid emergency training for Community Change Agents was received with great interest by communities, and the number was Change Agents trained exceeded by 122. These Change Agents were trained to timely identify acute malnutrition and support mothers in their communities. A no-cost extension was requested and approved for three additional months to compensate for the delays experienced as a result of the COVID-19 limitations and epidemiological trends.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition – Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,500	3,000	11,655	10,768	30,923	13,108	7,699	12,459	12,580	45,846
Total	5,500	3,000	11,655	10,768	30,923	13,108	7,699	12,459	12,580	45,846
People with disabilities (PwD) out of the total										
	0	0	94	130	224	0	0	0	0	0**

** While children with disabilities were included in the overall group of children that benefitted from the services provided by the nutrition outreach teams (brigades), there is no available information on disability. The health information system that was used to collect health and nutrition information does not include disability-related information, and the government was not able to include this variable in the information system before the start of the CERF interventions.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

12,307 more people than expected were benefited from counselling on different topics related to nutrition and prevention of malnutrition. Although pregnant women were not screened for acute malnutrition as originally planned, a total of 2,649 pregnant women received counselling on adequate and healthy nutrition during pregnancy.

6. CERF Results Framework

Project objective	To save the lives of 11,216 under five suffering from acute malnutrition or at risk of acute malnutrition and prevent the appearance of new cases through the timely identification and treatment and promotion and support of adequate IYCF practices.
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Output 1	Children are screened to timely identify acute malnutrition or children at risk of acute malnutrition
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children screened for acute malnutrition	22,432	25,039	Report of Nutrition Teams MoH official data Kawok (registration system of NGO Tula Salud, in coordination with MoH)
Indicator 1.2	Number of lives saved of children with acute malnutrition or at risk of acute malnutrition	11,216	12,520	Report of Nutrition Teams MoH official data Kawok (registration system of NGO Tula Salud in coordination with MoH)
Indicator 1.3	Number of women screened for acute malnutrition	5,500	0	[Ministry of Health

Explanation of output and indicators variance: As mentioned before, the Ministry of Health did not allow screening of women as a measure to prevent further COVID-19 infections.

Activities	Description	Implemented by
Activity 1.1	Nutrition brigades are formed and standardized	ASIES (Association of Research and Social Studies), with support of UNICEF, the Nutrition Cluster, MoH
Activity 1.2	Screening of children and women to identify acute malnutrition or risk of acute malnutrition.	
Activity 1.3	Children and women identified with acute malnutrition are adequately treated and followed up by the MoH to save their lives.	

Output 2	Community leaders improve their skills to identify acute malnutrition and children at risk of acute malnutrition.
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of communities which implement a community strategy for	100	380	Report of Nutrition Teams

	Infant and Young Child Feeding Protection and Nutrition in emergencies			
Indicator 2.2	Number of Community leaders who are immediately trained to identify acute malnutrition and children at risk of acute malnutrition	500	622	Report of Nutrition Teams
Indicator 2.3	Number of families who receive counselling of acute malnutrition and adequate IYCF	5,500	6,115	Report of Nutrition Teams
Explanation of output and indicators variance:		More communities at risk, interest of communities to be included for screening and demand of leaders to be trained.		
Activities	Description	Implemented by		
Activity 2.1	Prioritization of communities which will implement the strategy	ASIES (Association of Research and Social Studies), with support of UNICEF, the Nutrition Cluster, MoH		
Activity 2.2	Identify community leaders who may be immediately trained to identify acute malnutrition and children at risk			
Activity 2.3	Provide immediate, short term training to community leaders			

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹¹:

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The Ministry of Health carried out the selection and prioritization of the most vulnerable communities in Huehuetenango. This selection process was further validated by the Thematic Table of Acute Malnutrition, as well as by the Municipal Committee of Food and Nutrition Security (COMUSAN), which is formed by local institutional actors who work in food and nutrition interventions at Municipal and community level. As a follow-up step, members of the COMUSAN informed leaders and local authorities on the work that the Nutrition teams were planning to carry out, including the screening of children under five, counselling activities and training of community leaders as "Change Agents". The community leaders and local authorities offered their involvement in this process by sharing information on the program with families in their communities. The community leaders were also in charge of identifying the meeting points in the community and to organize the scheduling process so that families could attend in small groups to ensure social distancing. In addition, Nutrition brigades also carried out home visits to prevent further COVID-19 infections. The Nutrition teams shared information with community leaders on the emergency rapid trainings and the responsibilities linked to the Change Agents. The Nutrition teams shared the topics included in the

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

training with the community leaders. The trainings were organized in small groups to comply with COVID-19 safety measures. The Change Agents learned how to identify signs of acute malnutrition in children in their communities. To better guide educational activities, participative methodologies were used and conducted in their local language.]

b. AAP Feedback and Complaint Mechanisms:

The Ministry of Health manages data from children with confidentiality. The data is only accessible to staff at health services so that they are able to adequately follow up on the acutely malnourished children and their families. Child related information is not shared outside the health service.

Complaints could be shared with leaders and the COMUSAN. A few communities did not allow the nutrition teams to carry out their work since they were afraid of COVID-19 infections, and this was respected. The nutrition teams only implemented their actions in those communities where the leaders and families agreed to it.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

No specific mechanism was established

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Coordination with UNWOMEN took place so that they could support those women whose children had been diagnosed with acute malnutrition. The Nutrition teams promoted the participation of women in the rapid emergency trainings for community leaders. However, more men participated in these trainings, since there are more men that are community leaders and have the trust of the community.

e. People with disabilities (PwD):

Not registered

f. Protection:

[UNICEF coordinated with other UN agencies, such as the World Food Programme and FAO, to ensure families of acutely malnourished children received support from the other UN agencies to improve their food security and nutrition situation. Data and records were treated confidentially. Members of the COMUSAN had information on the most vulnerable families so that follow up was possible if required. No other mechanisms were included.]

g. Education:

Communication for Development (C4D) methodologies were used to train community leaders. These methodologies allowed the Nutrition teams to first create awareness among the community leaders on the nutrition problem, to promote awareness on the importance of identifying acute malnutrition among children and to support families to follow up on the recommendations provided by the Nutrition teams to prevent malnutrition. The participatory methodologies promoted the interest of communities and its leaders to participate in trainings and educational activities in order to learn about topics that otherwise would not be accessible to them. Counselling and education meetings were provided in the local language and activities were adapted to comply with COVID-19 safety measures and with community preferences.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not proposed by UNICEF.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[In the search for cases of child malnutrition]	https://youtu.be/q90d_VVRRIs [Insert]
[In Guatemala the search the search for cases of child malnutrition are hidden by the pandemic]	https://www.unicef.org/lac/en/stories/guatemala-search-cases-child-malnutrition-are-hidden-pandemic [Insert]

3.5 Project Report 20-UF-CEF-019

1. Project Information			
Agency:	UNICEF	Country:	Guatemala
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-UF-CEF-019
Project title:	Community Engagement to Improve Access to Water and Sanitation Emergency Services in Rural Areas of Huehuetenango		
Start date:	20/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 250,000
	Amount received from CERF:		US\$ 250,000
	Total CERF funds sub-granted to implementing partners:		US\$ 230,459
	Government Partners		US\$ 0
	International NGOs		US\$ 202,703
	National NGOs		US\$ 27,756
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through the implementation of the Water, Sanitation and Hygiene project in the municipalities of Chiantla, La Libertad and La Democracia in the department of Huehuetenango, **24,865 people were benefited** (6,426 men; 7,611 women; 5,584 boys; and 5,244 girls), who improved their sanitary facilities and adopted hygiene habits (hand washing, storage and handling of safe water at home and maintenance of latrines) with the application of the CLTS methodology. **In addition, 10,719 people** (men 2,787; women 3,323; boys 2,358; and girls 2,251) improved safe water consumption through the installation of chlorine dispensers in water systems. The following is a summary of the main indicators:

- 63 communities certified ODF (Open Defecation Free).
- 534 leaders (404 men and 130 women) comprising 63 community groups named "Comités Santolic".
- 4,543 families installed a hand-washing device with soap and water near the latrine.
- 907 families self-built new latrines, and 1,079 families made improvements to existing latrines.

Given the context of the COVID19 pandemic, alternatives were sought to carry out the intervention and support communities with available resources and capabilities, benefiting 22,064 people. Among the actions we can mention:

- 45 women were trained in the production of liquid soap for hand washing and its subsequent marketing at the local level.
- 62 mobile handwashing stations in markets, municipal buildings, municipal health districts (of health ministry) and 32 community convergence centers.
- Provision of COVID19 prevention hygiene kits to benefit 63 communities in 3 municipalities and 32 health posts.
- 25 chlorine dispensers for disinfection, installed in water distribution systems.

3. Changes and Amendments

The start of field actions was delayed until mid-May, due to central government restrictions due to the COVID-19 pandemic. At the level of municipalities and communities, there was initial distrust and difficulty of access to initiate activities, mainly in the municipalities bordering Mexico (La Democracia and La Libertad) where the measures were stricter. Later, strategies were sought in conjunction with the Ministry of Health at the local level, since they are well recognized, which created greater community acceptance. The COVID19 context made it possible to analyze and validate prevention alternatives and sanitary measures, such as the implementation of participatory sanitary protocols in the communities, distribution of kits (masks, alcohol gel and soap) to leaders and health posts, training women's groups to make liquid soap, and the installation of hand-washing stations.

The number of communities certified as ODF (63 communities out of 60 planned) and the total number of beneficiaries (24,865 out of 17,500 planned) were exceeded. This within the period foreseen in the work plan (April 1 to December 31), without the need to request a time extension at no additional cost.

The financial execution was 100%, as planned, therefore, there is no return of funds.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	4,568	4,148	4,604	4,180	17,500	7,874	6,901	5,244	5,584	25,603
Total	4,568	4,148	4,604	4,180	17,500	7,874	6,901	5,244	5,584	25,603
People with disabilities (PwD) out of the total										
	105	95	106	96	402	7	19	4	1	31

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Among the people reached by the project are 11,300 people (2,938 men, 3,503 women, 2,486 boys and 2,373 girls) who use the handwashing stations on a weekly basis, both in public places (markets, parks, etc.) in urban areas of the 3 municipalities covered and 32 rural health center. (not expected in the initial plan)

It is also considered 32 people benefited indirectly to the staff of the Ministry of Health (ISA-environmental sanitation inspectors and TSR-rural health technicians) and the municipality and its related agencies (Directorate of Women and Office of Youth, Children and Adolescents), because capacities were strengthened to perform verification processes of compliance and maintenance of the ODF status achieved in the communities served and for the promotion of safe water at the household level.

6. CERF Results Framework

Project objective	To increase sustainable access to water and sanitation services and improve hygiene practices of rural population in Huehuetenango department			
Output 1	Improved access to emergency sanitation services by targeted communities through CLTS methodology			
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of communities declared open defecation free (ODF)	60	63	Akvo Flow reports y power BI Dashboard
Indicator 1.2	Number of populations accessing to sanitation services	17,500	24,865	Akvo Flow reports y power BI Dashboard
Indicator 1.3	Number of CLTS committees established	60	63	Akvo Flow reports y power BI Dashboard
Explanation of output and indicators variance:		No variation. The indicators have been met according to the initial plan		
Activities	Description	Implemented by		
Activity 1.1	Training of institutional staff in targeted municipalities	HELVETAS and local partner ACODIHUE		
Activity 1.2	Triggering of targeted communities through CLTS methodology	HELVETAS and local partner ACODIHUE		
Activity 1.3	Certification of communities by ODF-certification committee	Municipality, Ministry of Health, Secretariat of Food and Nutritional Security/COMUSAN and other local stakeholders.		
Output 2	Barriers to access to water services and adequate environmental health are identified and resolved through the use of video-community methodology.			
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of COMUSAN who have presented video on water and sanitation problems within COMUSAN	5	5	Final report, include names of COMUSAN/COE members involved.

Indicator 2.2	Number of local committees that have discussed their water and sanitation problems with the community through the video	20	8 and other 5 under construction at December 2020	Final report, include names of community members involved and link to videos on Youtube channel
Indicator 2.3	Number of managed solutions to water and sanitation problems from the community, from the community video	20	8 at December 2020	Final report
Explanation of output and indicators variance:		The internal funds were received 2 months after it was tempered (this implied 2 months less available), the pandemic limited the field monitoring, in November the work was stopped in two municipalities due to tropical storms Eta and Iota.		
Activities	Description	Implemented by		
Activity 2.1	Training for members of COMUSAN in the use of community video	36 COMUSAN/COE members trained implemented by consultant.		
Activity 2.2	Training for local committees in community video / Video recording on water and sanitation problems	10 local committees trained implemented by ISAs and TSRs of health districts.		
Activity 2.3	Video presentation on water and sanitation problems to the community, discussion, identification of solutions and management of solutions	8 video presentation realized implemented by local committees with ISAs and TSRs.		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹³:

In conjunction with the municipalities, the Ministry of Health and validation in COMUSAN, the communities with high indicators of chronic malnutrition and cases of acute malnutrition were prioritized for intervention, as well as the percentage of rural sanitation coverage. Also, the participation of actors in the municipal verification committees.

The rural sanitation coverage was carried out in a participatory manner, through the formation of community committees "Santolic committee" to then conduct home visits and visualization of the situation in each family on a map with the use of colors, which allowed the community FIDAL self-declaration.

The local partner ACODIHUE y HELVETAS participated in Departmental Commission for Food and Nutritional Security (CODESAN) regular meetings to report on the project progress, achievements and lessons learned.

The communities affected by the problems of water and sanitation, through the community video, made their voice heard, showing what problems they perceive that affect them.

b. AAP Feedback and Complaint Mechanisms:

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The feedback mechanisms from the communities to the project were carried out through periodic meetings of the CLTS community facilitator and the "Santolic Committee", where aspects of participation and concerns of the beneficiary population were addressed. However, no relevant situation was identified in a negative way, but more related to the modality of intervention given the restrictions of COVID-19.

Participants from the communities used the video camera to show their point of view regarding their own water and sanitation problems. COMUSAN/COE watched the videos produced to understand the problem and assist them in managing solutions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The collaborators involved in the implementation of the project, both from Helvetas and the local partner ACODIHUE, underwent the Agora/UNICEF course and passed the course on prevention of sexual exploitation and abuse. In addition, a certificate from the National Registry of Sex Offenders (RENAS) of the Public Prosecutor Office in Guatemala was confirmed for each collaborator.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

CLTS has strengthened gender equitable participation in the communities, since the commitment of the entire community was necessary to achieve ODF certification for 63 communities.

From the first contact of the CLTS facilitator with the community members, the equitable participation of women and men in the Santolic committees was promoted, hence 24% participate (130 women). The participation of boys and girls was limited, given the sanitary measures by COVID-19.

e. People with disabilities (PwD):

During the home visits carried out by the "Santolic committee", 31 people with disabilities were identified, most of them women, out of the 402 planned. In these families, the CLTS facilitator provided accessibility recommendations for the use of sanitation facilities, for example, ramps to the latrines.

f. Protection:

The CLTS methodology increased access to sanitation services by allowing women and girls to use the sanitation infrastructures in the facilities.

g. Education:

The entire community video process implies an educational process for the communities and for the COMUSAN / COE where the methodology is learned and used.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

It is not possible. UNICEF doesn't work it

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Video CLTS experience	https://drive.google.com/file/d/1RtRWiLEpBeuK07u9CTVhvDcWKUWcQiqj/view?usp=sharing
Hand washing stations	https://www.facebook.com/permalink.php?story_fbid=2379316379031645&id=1706842006279089 https://www.facebook.com/HelvetasGuatemalaOficial/posts/414400079962275
Implementation CLTS	https://www.facebook.com/HelvetasGuatemalaOficial/posts/363297885072495 https://www.facebook.com/HelvetasGuatemalaOficial/posts/399999931402290
Women who make liquid soap for hand washing	https://www.facebook.com/HelvetasGuatemalaOficial/posts/403473697721580 https://www.facebook.com/HelvetasGuatemalaOficial/posts/363308801738070
Tutorial Video on WASH	https://www.youtube.com/watch?v=Y1Wss2hMVEs
Tutorial Video on Community Video Methodology	https://www.youtube.com/watch?v=Zk-8Z_AxuSk
Video produced by community El Limón, Nentón	https://www.youtube.com/watch?v=5dF-66t5Q08&feature=youtu.be
Video produced by community El Naranjo, La Libertad	https://www.youtube.com/watch?v=wmSQLwOI5I4
Video produced by community Guaisná, San Mateo Ixtatán	https://www.youtube.com/watch?v=8qWpjrOQw6g
Video produced by community El Jordán, Barillas	https://www.youtube.com/watch?v=8qWpjrOQw6g
Video produced by community La Reforma, Chiantla	https://www.youtube.com/watch?v=HoLkK9FNPJU
Video produced by community San José Las Guayabitas, Chiantla	https://www.youtube.com/watch?v=HCuNMaPQc-Q
Video produced by community Chanchiquia, San Idefonso Ixtahuacán	https://www.youtube.com/watch?v=iKhWCyzJBcc
Video produced by community Chul Chemal, Chiantla	https://www.youtube.com/watch?v=Y1Wss2hMVEs

3.6 Project Report 20-UF-WFP-016

1. Project Information			
Agency:	WFP	Country:	Guatemala
Sector/cluster:	Food Security - Food Assistance	CERF project code:	20-UF-WFP-016
Project title:	Food Assistance to Food-insecure Households, Acutely Malnourished Children, and women at risk in Huehuetenango		
Start date:	07/04/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 23,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 3,998,787
	Amount received from CERF:	US\$ 1,998,787
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grand, WFP and its partners provided CBT to over 11,567 households or 54,871 people in 10 municipalities of Huehuetenango. WFP provided 60 days of food assistance to food insecure households affected by the COVID-19 emergency in the municipalities of: Chiantla, La Democracia, La Libertad, Nentón, San Idelfonso Ixtahuacán, San Mateo Ixtatán, San Miguel Acatán, Santa Cruz Barillas, Huehuetenango.

WFP provided 15 sessions on proper use of cash, to buy nutritious and healthy food, as well as general information on recommended hygiene measures to avoid COVID-19 contagion.

3. Changes and Amendments

In October 2020 WFP requested a no-cost extension to this project in consideration of operational challenges posed by government sanctioned measures to avoid the propagation of COVID-19 that included limitation to movement between regions from the months of March-August, national curfews and restrictions to gatherings.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	14,319	13,461	14,557	14,263	56,600	14,253	10,890	14,706	15,022	54,871
Total	14,319	13,461	14,557	14,263	56,600	14,253	10,890	14,706	15,022	54,871
People with disabilities (PWD) out of the total										
	1,503	1,413	1,528	1,497	5,941	3,135	2,708	3,308	3,416	12,567

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Households of women participating in sensitization activities were indirectly benefited from these activities. Over 40,000 people indirectly benefited from nutrition sensitization sessions.

Additionally, WFP reached vulnerable households as a result of its ongoing operations in the area. WFP provided food assistance to 118 vulnerable households had been affected by a fire that destroyed assets and infrastructure, and to 69 single women from the Centre for Integral Attention (CAI for its acronym in Spanish) in Huehuetenango, many of whom lost their jobs as a result of the pandemic and closure of the country.

Because WFP coordinates with municipalities to ensure that distribution days coincide with market days, local economies are indirect beneficiaries of WFP's intervention, as beneficiaries can purchase locally produced food immediately upon receiving their benefits.

6. CERF Results Framework

Project objective	Provide life-saving food assistance to food-insecure households in target areas aiming at satisfying their basic food and nutrition requirements.				
Output 1	Improved food consumption score				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of people assisted who received relief cash transfer for a 60-day period with CERF funds, disaggregated by sex and age.	56,600	54,871	SCOPE/ Financial Service Provider	
Indicator 1.2	Number of acutely malnourished girls and boys assisted through the cash transfer modality.	1,441	3,208	Financial Service Provider	
Indicator 1.3	Total amount of cash transferred to target households.	\$1,698,000	\$ 1,735,050	SCOPE	
Indicator 1.4	% of the target population with acceptable Food Consumption Score (FCS)	80%	75.1%	WFP monitoring data	
Explanation of output and indicators variance:		For Indicator 1.4: Percentage of target population with acceptable food consumption score was not achieved due to compounding effects of the Tropical Storms Eta and Iota, which hit the country after the intervention was implemented. Selected households were severely impacted and assistance (cash-based transfers) was used as a buffer to cover urgent needs including purchase of rich and nutritious foods, but was not enough to absorb the entire impact of the storms.			
Activities	Description	Implemented by			
Activity 1.1	Identify food-insecure households to be assisted	WFP and local partners			
Activity 1.2	Identify acutely malnourished children	WFP			
Activity 1.3	Collect baseline and undertake outcome monitoring	WFP			
Activity 1.4	Provide instructions to the financial service provider	WFP			
Activity 1.5	Delivery cash distribution to beneficiaries	Financial Service Provider Banrural			
Activity 1.6	Undertake post-delivery monitoring	WFP			

Output 2	Decreased consumption-based coping strategy index			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of households applying consumption-based coping strategies	Reduction of 80% of households applying coping strategies	Baseline: 39% End line: 90.82%	WFP monitoring data
Explanation of output and indicators variance:		For Indicator 2.1: At the end of the intervention, 9.18% of households were not applying any coping strategies (stress, crisis and emergency) compared with 61% of households at the start of the intervention. Selected households were deeply affected by the compounding effects of the two storms, which caused damage to their livelihoods and houses, which forced households to spend their resources in reconstruction of these. As a result, households resorted to coping strategies to deal with long-term impacts of the hurricanes. WFP is providing assistance above and beyond this intervention to cope with the impacts of the tropical storms.		
Activities	Description	Implemented by		
Activity 2.1	Undertake outcome monitoring	WFP		
Output 3	Reduction of the food expenditure share			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	% of households spending 65% or more of their income in food supplies	Reduction in the proportion of households spending 65% or more of their income in food supplies	Baseline: 65% End line: 27%	WFP monitoring data
Explanation of output and indicators variance:		None		
Activities	Description	Implemented by		
Activity 3.1	Undertake outcome monitoring	WFP		
Output 4	Proportion of households where women, men or both women and men make decisions on the use of cash			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of people reached with training on gender equality, disaggregated by sex	11,320	11,567	SCOPE/Financial Service Provider
Indicator 4.2	Number of training sessions provided	At least 2	175	SCOPE/Financial Service Provider

Explanation of output and indicators variance:	For Indicator 4.1: A total of 11,567 (57% men and 43% women) participated in at least one general assembly community meeting addressing gender awareness aspects. During the sessions WFP provided project information and explained the importance providing cash transfers directly to women as the household representative, as an element to empower women within their role in the home; and provided general hygiene guidance to avoid COVID-19 contagion.	
Activities	Description	Implemented by
Activity 4.1	Facilitate training sessions on gender equality, protection, CFM, nutrition, among others.	WFP
Activity 4.2	Undertake outcome monitoring.	WFP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁵:

Humanitarian assistance requires collaboration of several decision-making bodies including community organizations/members. In coordination with municipal food and nutrition security councils, and with community councils, WFP carried out a participative selection process of the most vulnerable families

At the department level WFP carried out socialization processes through the departmental technical roundtables.

Subsequently, WFP coordinated with local authorities and governance structures on food security and nutrition to identify vulnerable households. WFP coordinated with CODESAN (the Secretariat's for Food Security and Nutrition/SESAN departmental authority) and COMUSAN (SESAN's municipal council body) to define targeting at municipal level, and to coordinate overall intervention. COMUSAN and COCODEs (community authority). This process convenes local authorities, COCODES (Community Development Councils) that develop a list of beneficiaries, in which participants undertake a process of self-selection or exclusion based on the targeting criteria. A list of beneficiaries selected is then elaborated and certified by the COCODES.

b. AAP Feedback and Complaint Mechanisms:

WFP has an operational toll-free hotline, in compliance with WFP's policy for accountability to affected populations, which is managed by a WFP staff independent from the Programme Unit. Through this mechanism all complaints are properly investigated and solved, and feedback is given to the person complaining or giving feedback. WFP received calls inquiring on the length of the intervention and selection criteria, follow-up was overseen by the activity manager for this intervention.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Participants were informed regarding the existence of a complaint dedicated hot line, which is also designated to collect all SEA related complaints. In accordance to WFP's policy, all SEA complaints are investigated and handled through the proper internal channels and raised to the appropriate independent investigative bodies of WFP, which ensure the confidentiality of participants. No cases of SEA were reported during this intervention.

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP reached over 50% of all households identified by UN Women in the municipalities of Chiantla, La Democracia, La Libertad, Nentón, San Idelfonso Ixtahuacán, San Mateo Ixtatán and Santa Cruz Barillas. All of the identified households by UN Women had been prioritized for assistance by December, nonetheless some households severely affected by Eta and Iota reported challenges to reach distribution points due to road closures caused by landslides, floods and collapsed bridges.

e. People with disabilities (PwD):

In line with WFP's disability inclusion road map (2020-2021), all COVID-19 related programming and initiatives are disability inclusive. As such, WFP ensures that accessibility is factored into its protection and accountability actions; and within its data collection processes. WFP ensures that protection mechanisms are in place during distribution days, in consideration of women's and girls' specific needs, and in consideration of the needs of women and girls with disabilities.

f. Protection:

In consideration of local restrictions established in response to the pandemic, WFP coordinated with authorities at the municipal and community level to ensure that all activities were carried out in consideration of government sanctioned protection and social distancing measures.

WFP provided masks and hand gel to local partners, and to beneficiaries prior to each delivery. WFP field staff, jointly with local partners, carried out sensitization sessions on proper hygiene measures to avoid contagion, providing recommendations on hand washing, proper use of masks and other protection measures.

Some municipality bodies provided to beneficiaries during distribution days, in cases where transportation was still halted due to government sanctioned restrictions to public transportation, or in cases where floods and landslides limited mobility and caused road closures of main roads.

g. Education:

[Fill in]

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	54,871

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.5 (cash-based transfers)	54,871	US\$ 150	Unconditional	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
<i>Twitter Post</i>	https://twitter.com/WFPGuatemala/status/1362041380294557699?s=20
<i>Instagram Post</i>	https://www.instagram.com/p/CLp3hIMsze2/?igshid=59uu7pd7g4pm
<i>Country Director Instagram Post</i>	https://www.instagram.com/p/CLZ-gFsMFVV/?igshid=1f0wtj65v5swx

3.7 Project Report 20-UF-WHO-013

1. Project Information			
Agency:	WHO	Country:	Guatemala
Sector/cluster:	Health - Health	CERF project code:	20-UF-WHO-013
Project title:	Strengthening the response of emergency health services for acute malnutrition care in 8 municipalities		
Start date:	02/04/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 11,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 1,168,899
	Amount received from CERF:	US\$ 798,270
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF PAHO/WHO and in coordination with different levels within the Ministry of Health, 11 nutritionists were hired, 8 for the different healthcare districts in the prioritized municipalities and 3 for the 3 hospitals in the Department.

Nutritionists reinforced 100% of the coping capacities of the places covered and assessed a total of 2.311 children <5 years old, from these 1.373 children at risk of acute malnutrition were monitored (W/H <-1 and > 2 SD), 51% male and 49% female.

Nutritionists assessed and treated 627 children < 5 years old with mild and severe acute malnutrition and without complications, 53% of cases were recovered.

It was contributed to the reduction of mortality due to acute malnutrition in children < 5 years old in the Department, from 17 deaths confirmed in 2019 to 06 in 2020, fatality rate was reduced from 2% to 0.3%.

In the hospitals, 65 cases of Kwashiorkor with mild and severe malnutrition with complications were treated: 65% (42) DAM and 35% (23) DAS, out of these 5 were with Kwashiorkor, 6 with Marasmus and 2 with Kwashiorkor-Marasmus. Upon leaving the hospital, the individuals were referred to the healthcare services of the DMS to continue with their corresponding recovery treatment.

A virtual diploma program was made to reinforce the coping capacities of 625 healthcare professionals, that corresponds to 31.5% of the total number of professionals working at the Healthcare Departmental Area (DAS), leaving the installed capacity of 67 individuals certified as facilitators. In the 3 hospitals, 92.5% (222) of hospital out-patient, pediatric emergency, and other related services were trained.

Medical attention and proper nutritional care of patients were improved by means of donation of medical equipment, materials, and supplies in 66 healthcare services from the prioritized DMS and the 3 hospitals.

Supply and installation or rehabilitation of water tanks with a pressure pump in 5 healthcare services. Supply of materials and installation of a chlorinator in 2 more healthcare services. In addition, construction or repair of bathrooms (toilets, sinks, and showers), dish and clothes washers were performed in 5 healthcare services. Roof reparation was done in 3 healthcare services and a portable power generator was provided to one hospital.

One hundred percent of the prioritized healthcare services was equipped to reinforce the malnutrition response and treatment coping capacities.

3. Changes and Amendments

The pandemic and the public health actions taken by the government in the country, as well as the tropical storms ETA and IOTA, affected the implementation of the project, so activities had to be adapted to each context.

The pandemic was the priority for the Ministry of Health, resources for staff security were rare or not provided, healthcare personnel were afraid of doing their job and the general population was afraid of getting infected, so some individuals were hiding and just a few came to the healthcare services. Some communities were "lock-down" to avoid infection so monitoring acute malnourished children was difficult to achieve. Personnel of the DASH resulted positive for COVID-19 and this provoked their temporary closure and subsequent processes delay. Some nutritionists working for the project were placed under isolation and quarantine, respectively, due to suspicion or confirmation of COVID-19, this also affected the work in some DMS.

The 3 hospitals had to readjust their bed and out-patient areas to attend patients with COVID-19, and malnourished children were sent home to be attended at the community level, this due to the risk of infection.

The raining season was intense, and this provoked an even more dramatic deterioration of the roads, making mobilization of community and healthcare personnel very difficult. The emergencies due to tropical storms ETA and IOTA forced a re-programming of field activities and the suspension of training activities; so, it was necessary to be creative to conclude the already established programs,

The active search of children at community level done by UNICEF increased the detection of children at risk of malnutrition and of children with acute malnutrition, these were referred to healthcare services where appropriate malnutrition attention and management were continued.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	1,673	1,543	3,216	1,821	0	0	2,829	4,650
Total	0	0	1,673	1,543	3,216	1,821	0	0	2,829	4,650
People with disabilities (PwD) out of the total										
Niños	0	0	0	0	0	0	0	0	84	84

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

An estimate of 60,000 individuals, which corresponds to the reference population located in the influence area of the healthcare service centres of the prioritized DMS, individuals who were indirectly reached as beneficiaries by the CERF.

6. CERF Results Framework

Project objective	Contribute to the decrease in morbidity and mortality associated with moderate and severe acute malnutrition, with and without complications.				
Output 1	The nutritional status of 2,000 children under the age of 5 with acute malnutrition is evaluated and 100% of medical complications in children monitored in health services are timely detected				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of children under 5 years of age with moderate and severe acute malnutrition, with or without complications, who are monitored and attended to in prioritized health centers.	2,000	627	Monthly reports from 12 nutritionists, official data from the Ministry of Health and Kawok (Registration system from NGO Tulasalud in coordination with the Ministry of Health)	
Indicator 1.2	Number of healthcare units located in the area of intervention that are equipped to conduct anthropogenic nutritional assessment at a community level	47	66	Official data from the Ministry of Health	
Explanation of output and indicators variance:		The number of malnourished children was that of all cases detected in the Municipal Health Districts (DMS) and the goal of 2000 was completed with the monitoring of 1.373 children at risk of malnutrition. The number of services corresponds to the 100% of all services from the 9 DMS where the project was implemented, adding the services of San Juan Ixcay.			
Activities	Description	Implemented by			
Activity 1.1	Purchase of anthropometric nutritional assessment kits and tools for early childhood development to equip 47 local healthcare units	WHO/PAHO in coordination with Ministry of Health			
Activity 1.2	Delivery of anthropometric nutritional assessments to 47 local healthcare units	WHO/PAHO in coordination with Ministry of Health			
Activity 1.3	Technical and logistic support for the active search of children at risk of acute and severe malnutrition.	WHO/PAHO in coordination with Ministry of Health and UNICEF			
Activity 1.4	Rapid onsite training of the personnel of the 47 health units in the technical guidelines for the evaluation of the nutritional status of children throughout development	WHO/PAHO in coordination with Ministry of Health and the support of the Institute of Nutrition of Central America and Panama – INCAP -			

Activity 1.5	Support for the data management and analysis of the nutritional anthropometric evaluations of community members	WHO/PAHO in coordination with Ministry of Health			
Output 2	100% of children with moderate or severe acute malnutrition, detected with medical complications, are timely referred to hospitals to receive quality treatment and are monitored in healthcare services for recovery following discharge				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 2.1	Percentage of reference hospitals located in areas of influence of the 8 prioritized municipalities equipped with essential supplies and equipment to provide timely medical treatment of complications of severe acute malnutrition in children under 5	100% (3 reference hospitals)	100% (3 reference hospitals)	Unit of the Inventory from each hospital. WHO/PAHO records.	
Indicator 2.2	Percentage of children under 5 with severe acute malnutrition who present medical complications who are referred to and attended to by reference hospitals	100%	100% (65 cases)	Reports from nutritionists in the 3 hospitals. Official data Hospital Pediatric Nutrition Unit, Vice-Ministry of Hospitals. MSPAS.	
Indicator 2.3	Percentage of hospital emergency personnel that know and can apply the national guidelines for the management of severe acute malnutrition in children under 5	100% of emergency personnel of all 3 reference hospitals	92.5% (444 doctors, nurses, and other personnel)	Reports from nutritionists in the 3 hospitals. Records from the Hospital Pediatric Nutrition Unit, Vice-Ministry of Health, MSPAS.	
Indicator 2.4	Number of children with acute malnutrition, discharged, who are monitored by local healthcare services for recovery	500	65	Reports from nutritionists in the 3 hospitals. Records from the Hospital Pediatric Nutrition Unit, Vice-Ministry of Health, MSPAS.	
Explanation of output and indicators variance:		It was a great challenge to train 100% of the hospital emergency personnel during the pandemic. In addition, the attention of children with acute malnutrition decreased in the hospitals due to the actions adopted by the families and the Ministry of Health during the pandemic.			
Activities	Description	Implemented by			
Activity 2.1	Dissemination of technical guidelines for the clinical management of moderate and severe acute malnutrition in children under 5 to hospital emergency personnel	WHO/PAHO in coordination with Ministry of Health			
Activity 2.2	Rapid onsite training of the personnel of the 3 reference hospitals in treatment protocols for children with moderate and severe malnutrition that is coupled with complications	WHO/PAHO in coordination with Ministry of Health			

Activity 2.3	Support for the data management and analysis of the nutritional anthropometric evaluations in the 3 reference hospitals	WHO/PAHO in coordination with Ministry of Health			
Activity 2.4	Purchase of equipment for neonatal care, kits for medical care and for the WHO lactarium, for hospital treatment of moderate or severe acute malnutrition with medical complications in children in 3 referral hospitals.	WHO/PAHO in coordination with Ministry of Health			
Activity 2.5	Delivery of equipment for neonatal care, kits for medical care and for the WHO lactarium, for hospital treatment of moderate or severe acute malnutrition with medical complications in children in 3 referral hospitals.	WHO/PAHO in coordination with Ministry of Health			
Activity 2.6	Refresher training for the proper functioning of the human milk bank	WHO/PAHO in coordination with Ministry of Health			
Activity 2.7	Rapid on-site training for the monitoring of cases in healthcare services and the community link for the follow-up.	WHO/PAHO in coordination with Ministry of Health			
Activity 2.8	Rapid onsite training in the registration and reporting of monitored and recovered children.	WHO/PAHO in coordination with Ministry of Health			
Output 3	11 community healthcare units and hospitals centres have sufficient access to safe water to ensure continuity of operations and safe sanitary conditions for patient care				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 3.1	Number of community health units in the areas of intervention that have a reserve water supply system with the capacity to meet the minimum daily demand for at least 72 hours	11(3 hospitals and 8 health services)	6 (2 hospitals and 4 healthcare services)	Hospital official records. Records of the PAHO/WHO.	
Indicator 3.2	Percentage of community health units that have good health hygiene practices and sanitary education.	100% (8 community health units)	100% (8 healthcare units)	Hospital official records. Records of the PAHO/WHO	
Explanation of output and indicators variance:		no variance			
Activities	Description	Implemented by			
Activity 3.1	Purchase and installation of water supply systems with rainwater catchment systems	WHO/PAHO in coordination with Ministry of Health			
Activity 3.2	Purchase equipment and supplies for the monitoring and control of water quality in targeted community health units.	WHO/PAHO in coordination with Ministry of Health			
Activity 3.3	Delivery of equipment and supplies for the monitoring and control of water quality to targeted community health units.	WHO/PAHO in coordination with Ministry of Health			

Activity 3.4	Rapid onsite training of the personnel of the 11 community health units and hospitals centers in the promotion of good health hygiene practices and sanitary education.	WHO/PAHO in coordination with Ministry of Health
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7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC’s four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁷:

Starting from the needs of women, mothers of children < 5 years old with Acute Malnutrition, the Municipal Food and Nutrition Security Commissions participated throughout the project cycle. The prioritization of the more vulnerable Municipal Healthcare Districts was selected in conjunction with the Ministry of Health and the communities, validated by the Departmental Working Group for the Treatment of Malnutrition, from CODESAN. Since acute malnutrition is attended by a service network from the Ministry of Health, it was decided to include all 3 hospitals available in the Department. A Project Coordinating Committee was integrated with several Ministry of Health institutions at the central level (PROSAN, USME, and the Hospital Pediatric Unit) and the Unit Coordinator of SAN from the DAS of Huehuetenango. All the activities were coordinated with this Committee, including the training related subjects.

b. AAP Feedback and Complaint Mechanisms:

There were no mechanisms implemented for customer comments or complaints; however, a system for close monitoring of activities was established with the Ministry of Health and Social Assistance in the communities. The Ministry of Health, the COMUSANES, and the Departmental Technical Working Group for the Treatment of Malnutrition of CODESAN, obtained a positive feedback about the healthcare attention received by individuals from the communities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The Ministry of Health and Social Assistance provides the “Intervention Protocol to ensure the right to health, integrity, and life of children with acute malnutrition, in case of lack of consent for receiving medical and nutritional treatment”. The Ministry of Health and Social Assistance has an attention protocol for victims of sexual violence, and this also applies to the Healthcare Services. During the implementation of the project there were no cases related with sexual exploitation and abuse; however, cases of psychological abuse against women and abuse of male power or partner power to allow women to take the children to healthcare services for the control of weight and height and medical consultation, were observed. A significant amount of further work with the male population will be necessary to enhance their co-responsibility of caring for the health of children and to focus on the theme of gender-based violence.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

¹⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Based on the CERF 2019 experience, UN Women was included in this Project, this agency was on charged of developing and implementing the empowering and protection strategy for women and girls. As indicated above, a significant amount of further work with the male population will be necessary to enhance their co-responsibility of caring for the health of children and to focus on the theme of gender-based violence. School closures due to the pandemic also affected the unpaid care work of women since it was significantly increased, possibly, during the whole day. The attention required for other members of the family, like the elderly, also increased and this age group also presented greater difficulties to access services that are facing cutbacks and restrictions.

e. People with disabilities (PwD):

The project attended children with disabilities and with malnutrition problems. These children were referred to the hospitals whenever was required, and the corresponding contacts were made so they could have access to more specialized medical treatments. Follow-up was provided to many of these children by means of household visits.

f. Protection:

A 100% of children with moderate and severe acute malnutrition without complications was attended, these children were captured by the healthcare services of the prioritized DMS and by the active search done by UNICEF as part of the CERF Project. The attention consisted of nutritional assessment, prescription of treatment based on official protocols (Protocol for the outpatient treatment of children with moderate and severe acute malnutrition with no complications, and the Pediatric Protocol for the hospital treatment of acute malnutrition and its complications), the referral and counter-referral, if needed, to the corresponding service, and the household visits follow-up. On average, each child received 4 visits during the period the project was implemented.

In addition, children at risk of acute malnutrition (< 5 years old with W/H -1 and -2 SD) were also attended, they received food assistance by the Food Bank or, whenever it was considered as required, the CMAM (ATLU) aided those children being assessed by arm circumference by the Nutrition Brigades of UNICEF and by the weight-for-height bi-monthly monitoring program and the household visits follow-up.

g. Education:

Due to the COVID-19 pandemic, it was necessary to redirect the training processes towards a Diploma Program on Reinforcement of Competencies Regarding Assessment and Nutritional Attention to children < 5 years old, aimed at healthcare and nutrition professionals and technicians from the Healthcare Area (DAS) of Huehuetenango. A primary group of 67 individuals was trained and then they trained a secondary group of 558 individuals, this represented 31.5% of the DAS personnel in Huehuetenango. The installed capacity of 67 individuals as facilitators who can provide follow-up to this process or to new processes, was established. The Diploma Program had a duration of 4 months, it was provided in a virtual platform and was divided into 3 phases, the first phase was the asynchronous virtual training, the second phase was the synchronous virtual workshop whose purpose was to provide the methodology and resources to be used in the following phase, and the third phase was the phase of replication which was a face-to-face workshop with a maximum of 10 persons per group.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
CERF Impact on community	https://drive.google.com/file/d/1BiRLfQqC3zr7UfxBRxYhfTqy0OQb0zjm/view?usp=sharing